

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

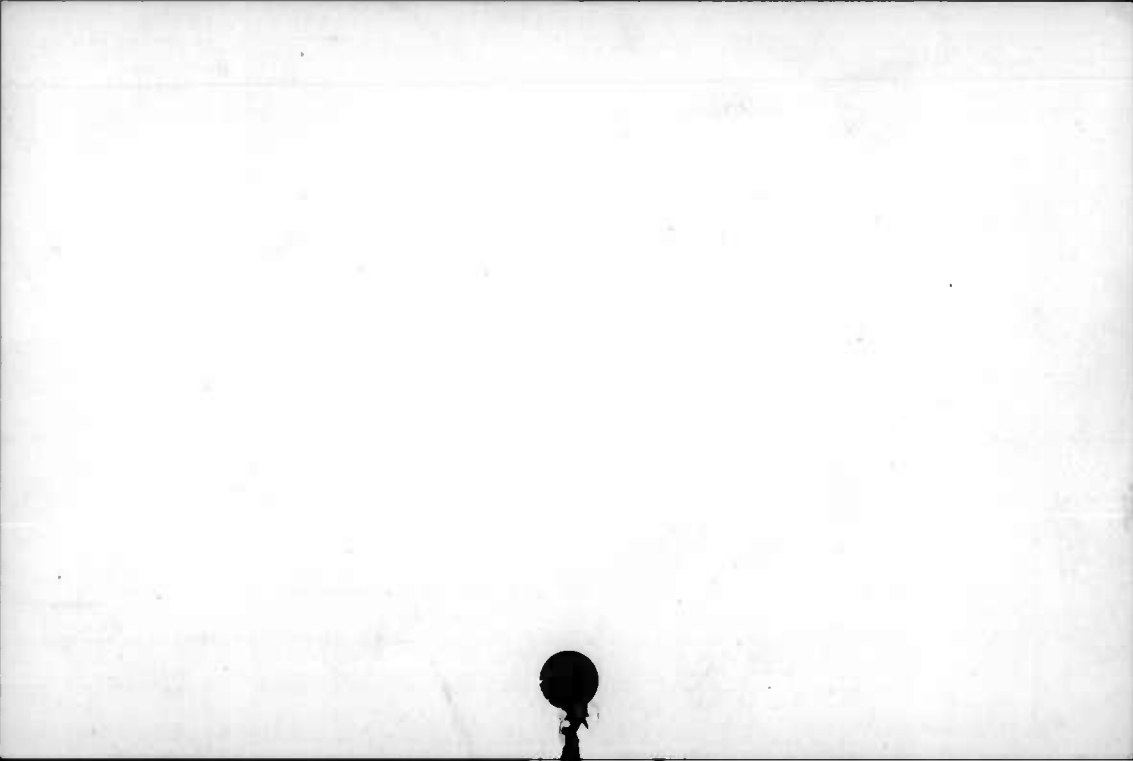
Died at <i>Easton</i>		Town		County <i>Talbot</i>	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>11</i>	Age <i>80</i>	Years	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Balto -</i>		
Occupation <i>Physician</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth F. Anderson</i>				
Father's Name <i>James P. Anderson</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Susan Anderson</i>	Mother's Birthplace <i>Md -</i>				
Name of person giving information <i>John C. Anderson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease (dilated right heart)</i>	How long <i>4 mos.</i>
Immediate <i>Exhaustion - Heart Failure</i>	How long <i>3 wks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Still born Child Barber				CERTIFICATE OF DEATH	
Died at		Easton		County		TALBOT	
Date of death		1907		Age		4	
Month		March		Day		20	
Sex		Male		Color or Race		Black	
Occupation		+		Where Residing if not at place of death		Easton	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Horace Barber				Father's Birthplace	
Mother's Maiden Name		Annie Butler				Mother's Birthplace	
Name of person giving information		Horace Barber				How related to deceased	
						St. Marys Co.	
						Caroline Co.	
						Father	
CAUSES OF DEATH							
Primary		Still Born				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician	
						Address	
Accident or Suicide?						No Physician	
						John B Fairbank	
						Sub Registrar Easton	



Name
in
Full

CERTIFICATE OF DEATH

Charles H. Bantam

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Tallot		MARYLAND	
Date of death	190	Month	7 Mar.	Day	10	Age	Years 33 Months 0 Days 0
Sex	male		Color or Race	Colored		Birth-place	Tallot Co.
Occupation	Laborer		Where Residing if not at place of death				
Single		Name of Wife or Husband					
Father's Name	James H. Bantam					Father's Birthplace	Tallot Co.
Mother's Maiden Name	Nancy E. Bantam					Mother's Birthplace	Tallot Co.
Name of person giving information	Jas. H. Bantam					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid		How long	6 weeks
Immediate	Toxemia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Humphreys
			Address	Canton Md.
Accident or Suicide?				

Drytown Dec 12/09

Name
in
Full

Samuel J. Brommell

CERTIFICATE OF DEATH

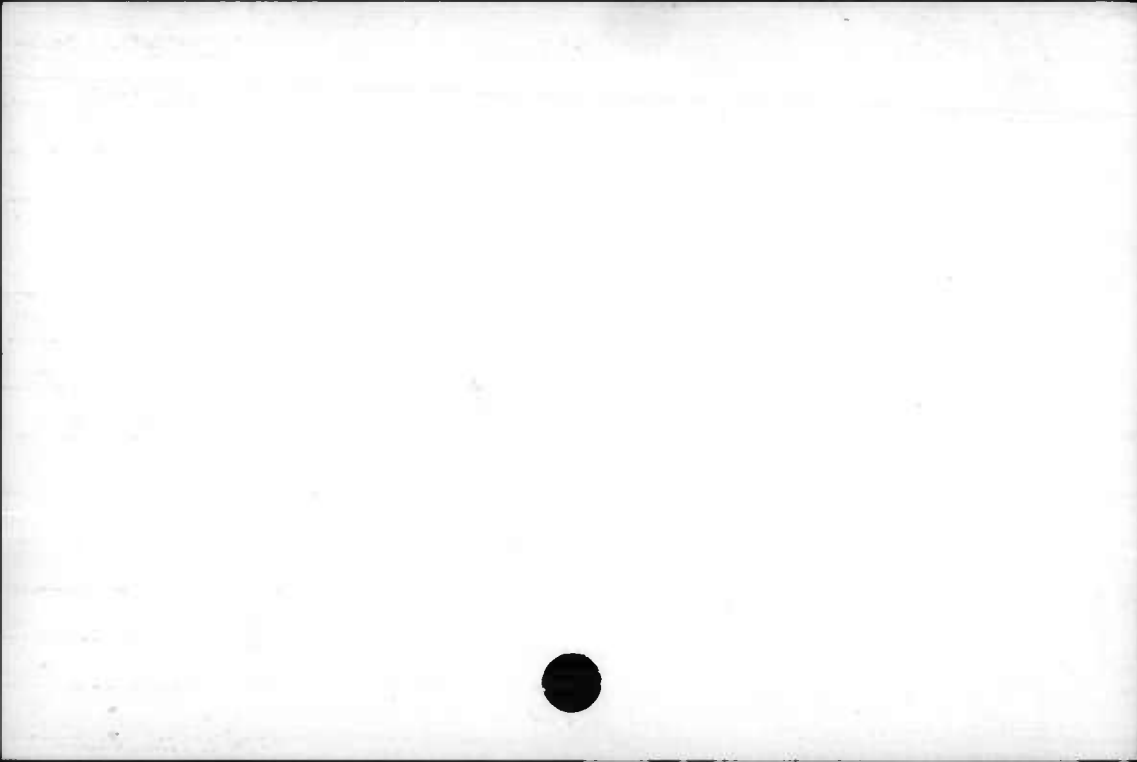
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Neafitts* ^{Town}*Talbot* ^{County}Date of death *1907 March*Day *5*Age *59*Months *—*Days *—*Sex *Male*Color or
Race *white*Birth-
place *Worcester Co.*Occupation *Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *William Brommell*Father's
Birthplace *Don't know*Mother's
Maiden Name *Lucretia*Mother's
Birthplace *Don't know*Name of person giving
In formation *Carrie Jones*How related
to deceased *Niece*

CAUSES OF DEATH

Primary *Bright's*How long *120*Immediate *Nephew's Pancreas*How long *—*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Dr. J. B. Smith*Address *St Michael*Accident or Suicide? *No*



Name
in
Full

Mary Brook.

CERTIFICATE OF DEATH

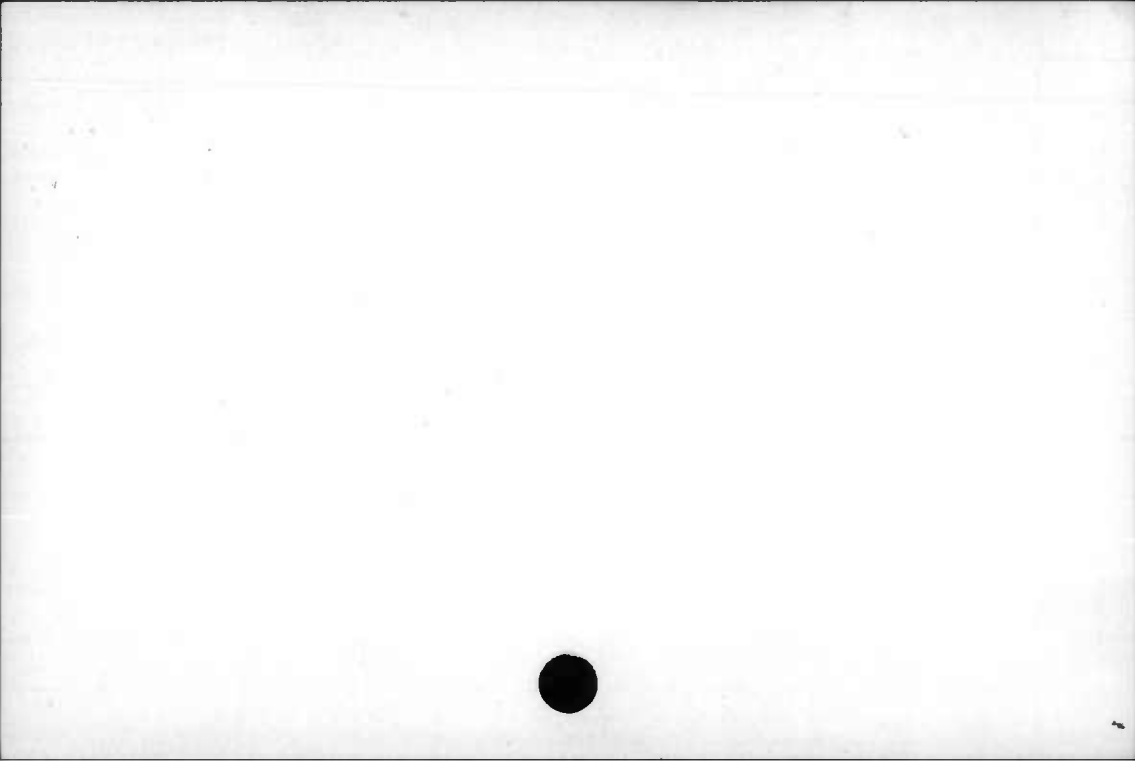
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i>		Town <i>Bappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>	Day <i>17</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Talbot Co, Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob J. Brooks</i>					
Father's Name <i>Garrison Sullivan</i>				Father's Birthplace <i>Talbot Co, Md</i>			
Mother's Maiden Name <i>Sallie Bruce</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Overton Brooks</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bappe</i>	How long	<i>2 weeks</i>
Immediate	<i>Uræmia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Joseph A. Ross, M.D.</i>	
		Address <i>Bappe, Md.</i>	
Accident or Suicide?			



Name
in
Full

Larrah C Bromell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

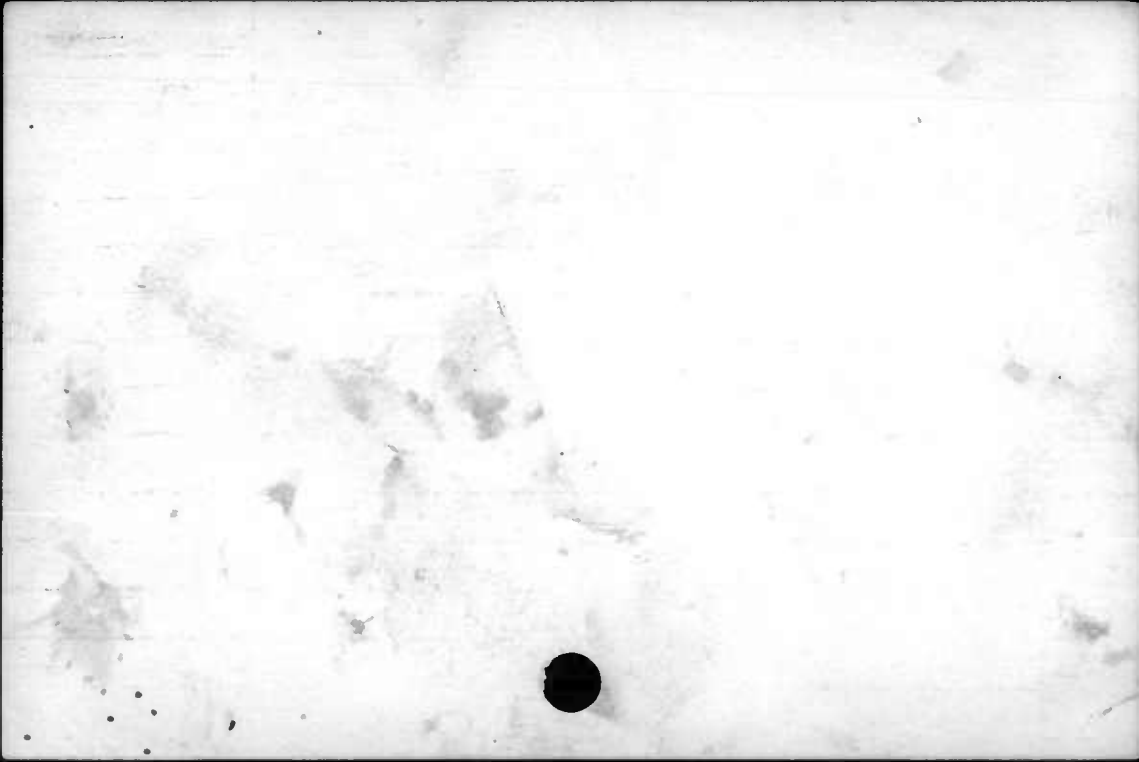
Died at <i>Hopkins Neck</i>		Town <i>Palover</i>		County	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>18</i>	Age <i>13</i>	Years	Months
Sex <i>Female</i>	Color or Race		Birth-place <i>Palbot Co</i>		
Occupation <i>Child Negro</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Murray L. Bromell</i>		Father's Birthplace <i>Palbot Co</i>			
Mother's Maiden Name <i>Rachel A more</i>		Mother's Birthplace <i>Palbot Co</i>			
Name of person giving information <i>Murray L Bromell</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Kidney disease. Bright's</i>	How long <i>5 or 6 yrs</i>
Immediate <i>Ischemic</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saml C. Tripp</i>
	Address
Accident or Suicide?	✓



Name
in
Full

Nancy F. A Butter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>July</i>	Day	<i>5th</i>
Age		Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	
Occupation		Where Residing if not at place of death			
<i>House wife</i>					
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband			
Father's Name		✓		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information		<i>Wm. Butter</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>L. Grippe</i>	How long	<i>Five days</i>
Immediate	<i>Hemiplegia</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. M. Stille - M.D.</i>	
		Address <i>Cordova Md.</i>	
Accident or Suicide?			

3 ft 1 in
x
16 in

37 x 16
18 x 40

Name
in
Full

Louis Thomas Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Traffer</i>		Town <i>Traffer</i>		County <i>Talbot</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>3</i>	Day	<i>29</i>	Age	<i>70</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Talbot Co Md</i>		Months	<i>4</i>
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death <i>_____</i>		Days		<i>22</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>		Father's Name <i>Louis Eugene Camper</i>		Father's Birthplace <i>Talbot Co Md</i>	
Mother's Maiden Name <i>Charlotte Ann Price</i>		Mother's Birthplace <i>Talbot Co Md</i>		Name of person giving information <i>Chas E. Camper</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

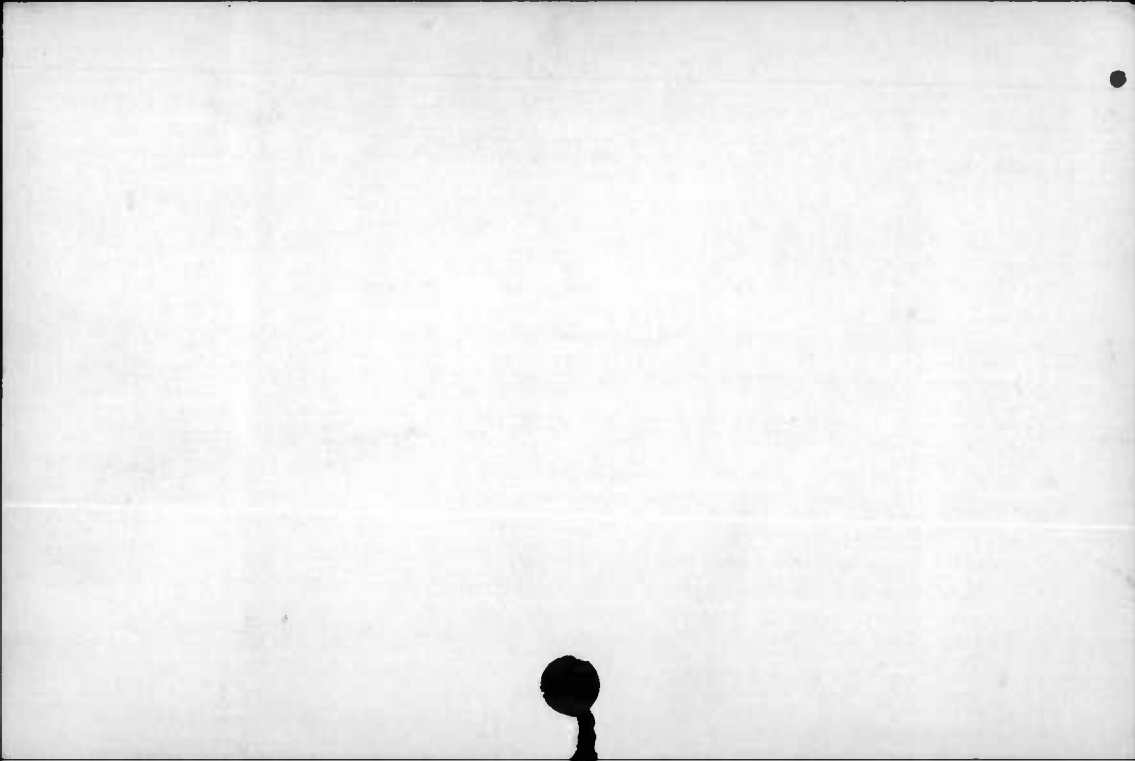
27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>7 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A. Ross M.D.</i>	
Address		<i>Traffer Talbot Co Md</i>	
Accident or Suicide? <i>_____</i>			



Name in Full		John W. Collins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mathews</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND		
	Date of death <i>1907</i> <small>Month</small> <i>Mar</i> <small>Day</small> <i>29</i>		Age <i>60 to 63</i> <small>Years</small>		<small>Months</small>		<small>Days</small>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband				
	Father's Name <i>Richard Collins</i>				Father's Birthplace <i>Delaware</i>		
	Mother's Maiden Name <i>Sarah Ellen Warner</i>				Mother's Birthplace <i>Caroline Co</i>		
Name of person giving information <i>Edward M. Harris</i>				How related to deceased <i>None</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">179</div>							
PHYSICIAN OR CORONER	Primary <i>Has been bed-ridden for 22 years</i>				How long		
	<i>Just why has been a mystery</i>						
	<i>From information received at coroners</i>				How long		
	Immediate <i>review, supposed to have been Pneumonia</i>						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>E. M. Stille - M. D.</i>			
				Address <i>Argdova</i>			
				<i>Gnd -</i>			
Accident or Suicide?							



Name
in
Full

William H. Collison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eoaston ^{Town}		Talbot ^{County}		MARYLAND	
Date of death	1906	Month	March	Day	7	Age	56
Sex	Male	Color or Race	white	Months	11	Days	7
Occupation	Carpenter			Birth-place	Del.		
Where Residing if not at place of death	Potts Mill						
Married, Single or Widowed	Married			Name of Wife or Husband	Ada Collison		
Father's Name	William Collison			Father's Birthplace	Del.		
Mother's Maiden Name	Sophia Hopkins			Mother's Birthplace	Del.		
Name of person giving information	Samuel H. Collison			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paresis	How long	66	6 weeks
Immediate	General Anesthesia	How long	one week	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	P. L. Moore	
		Address	Eoaston, Md.	
Accident or Suicide?	✓			

Doat & Kelly

John & Kelly

Monday 17 Dec

W. H. L. L. L. L.

A. M. L. L. L.

Name
in
Full

Martha Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

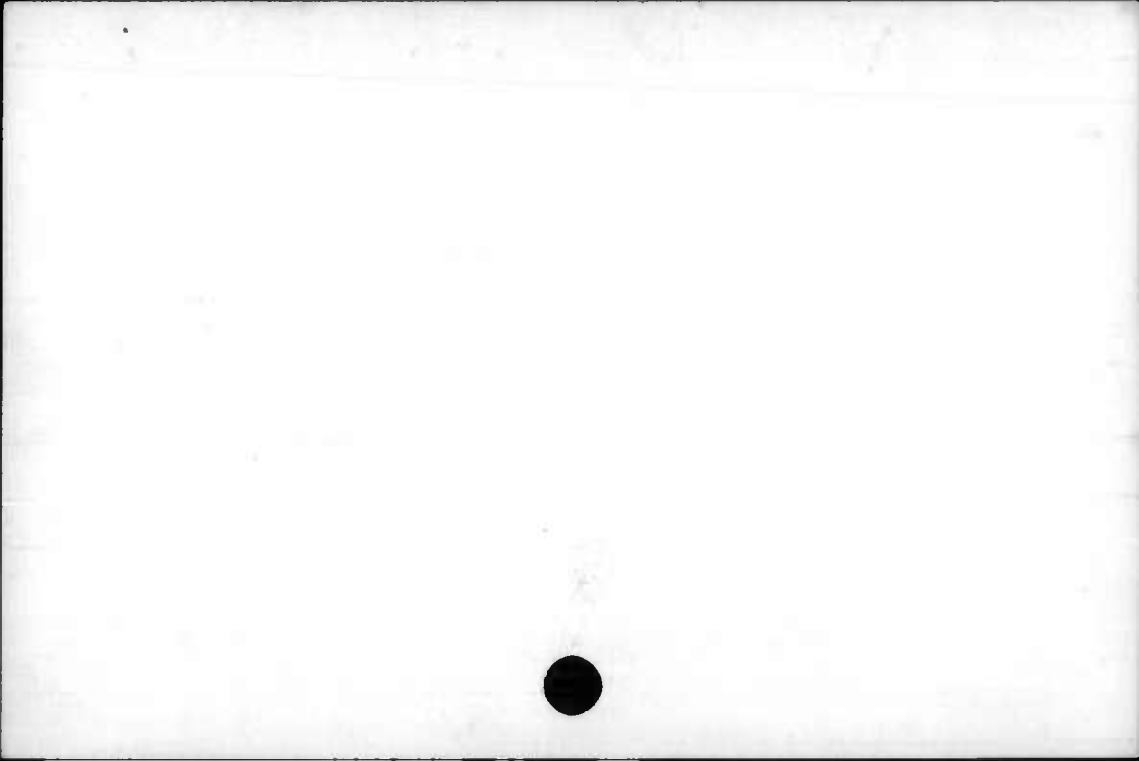
Died at <i>Oxford</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>3</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>8</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>School Girl</i>	Where Residing if not at place of death <i>Oxford Md</i>				
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>Amanda Cornish</i>				
Father's Name <i>Chas Cornish</i>	Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Amanda Green</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving Information <i>Chas Cornish</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Cerebro-Spinal Meningitis</i>	How long <i>24 hours</i>
Immediate <i>Convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. P. Roberts</i>
	Address <i>Oxford Maryland</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Henry Corey</i>		Town <i>St. Michaels</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>St. Michaels</i>		Month <i>March</i>		Day <i>11</i>		Years <i>68</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>11</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Church Neck</i>		Months <i>7</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>St. Michaels -</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Sophie Smith Seth</i>					
Father's Name <i>Edward Corey</i>		Father's Birthplace <i>Caroline Co.</i>					
Mother's Maiden Name <i>Susan Edmondson Cault</i>		Mother's Birthplace <i>Bay Side.</i>					
Name of person giving information <i>Susan Edmondson Bryan</i>		How related to deceased <i>Daughter -</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*apoplexy.**(64)*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

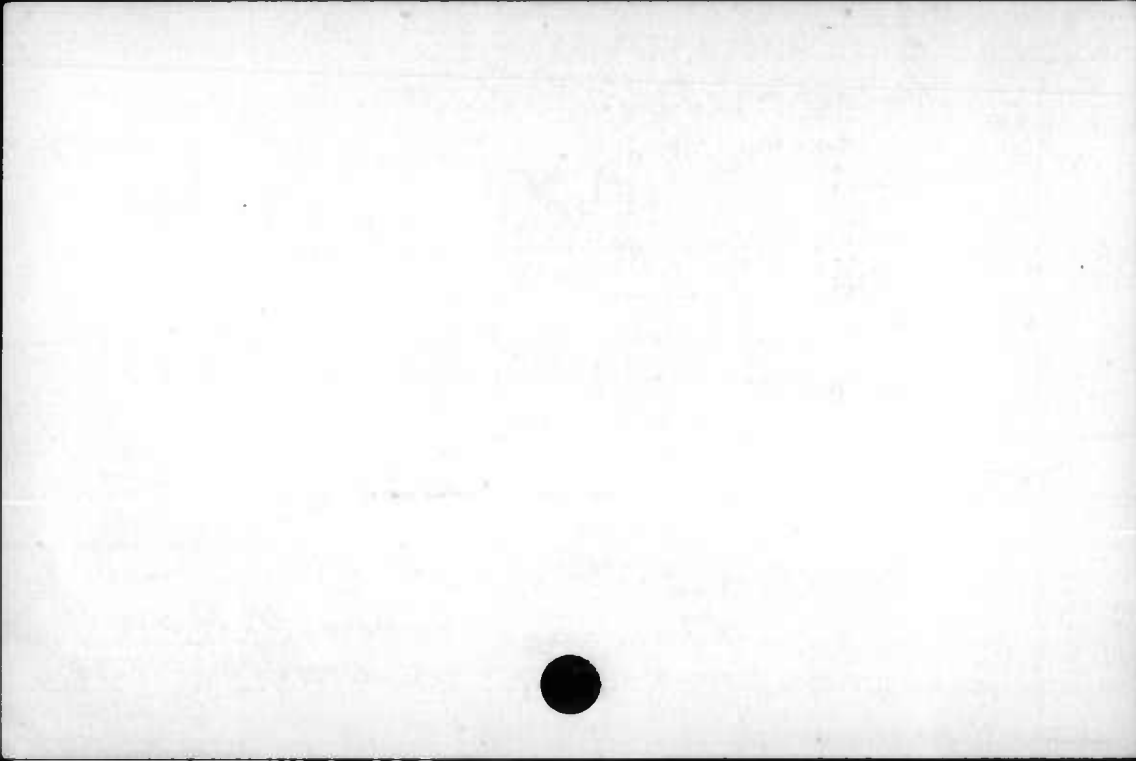
yes

Signature of Physician

Address

Dr. J. B. Smith
St Michaels
MD

Accident or Suicide?



Name
in
Full

Not named Lebrichs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cordova

Town

Talbot

County

Date of death 1907 March

Month

Day

Age

Years

Months

Days

3 days

Sex Female

Color or
Race

Black

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

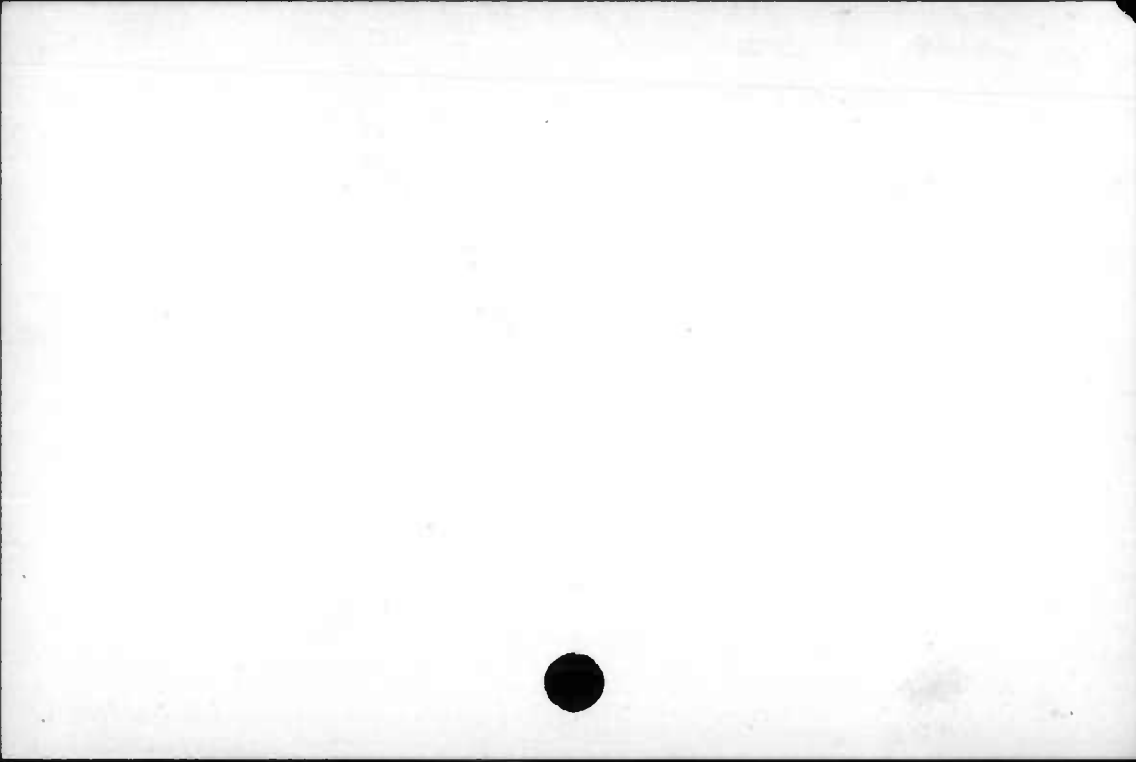
Accident or Suicide?

151

How long

How long

PHYSICIAN
OR CORONER



Name
in
Full

Chas. F. Duvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

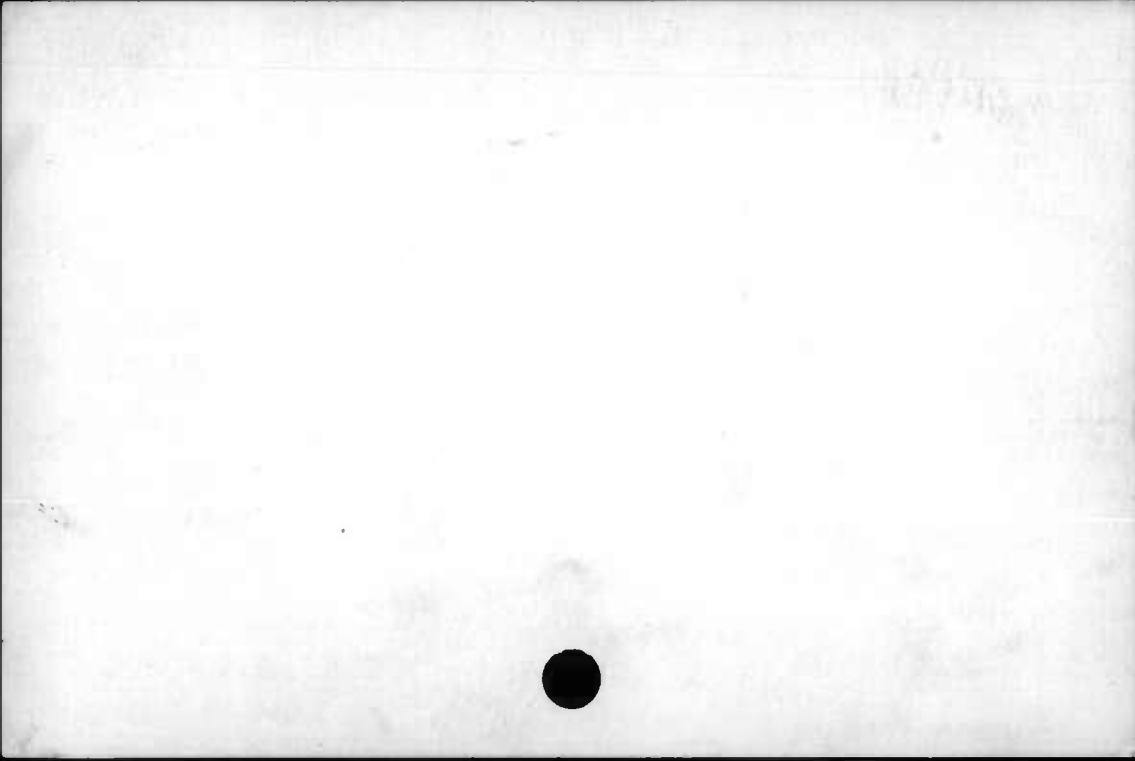
Died <i>in</i> <i>Cardron</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 1907 - 3 - 11		Age 19		Months 11	Days 4
Sex Male	Color or Race White	Birthplace Md.			
Occupation Farmer		Where Residing if not at place of death -			
Married, Single or Widowed Single	Name of Wife or Husband -				
Father's Name <i>Wm. G. Duvall</i>	Father's Birthplace <i>Talbot</i>				
Mother's Maiden Name <i>Ellen Cobbin</i>	Mother's Birthplace <i>Talbot</i>				
Name of person giving information <i>Sadie Duvall</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (Lobar)</i>	How long 7 days
Immediate <i>Heart failure</i>	How long -
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. B. Jones M.D.</i>
19 years 11 months 4 days	Address <i>Hillsboro, Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Carolina Forsythe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Orford</u> ^{Town}		<u>Stafford</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> <u>March</u> <u>1st</u>	Age	<u>18</u> Years	<u>3</u> Months	<u>2</u> Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Leeburg, Va.</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>Officer Lee Hall</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Gen. Robert Forsythe</u>			Father's Birthplace	<u>Leeburg, Va.</u>
Mother's Maiden Name	<u>Theresa A. Schleif</u>			Mother's Birthplace	<u>Washington, D.C.</u>
Name of person giving Information	<u>Gen. Robert Forsythe</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>3 years</u>
Immediate	<u>Convulsions</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. B. Eccles, M.D.</u>
		Address	<u>Officer Lee Hall</u>
Accident or Suicide?			

22



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Sarah M Gay* Town *Easton* County *Talbot*

Died at *Easton*

Date of death *1907* Month *March* Day *3* Age *55* Months Days

Sex *Female* Color or Race *white* Birth-place *Talbot*

Occupation *Housewife* Where Residing if not at place of death *Talbot*

Married, Single or Widowed *married* Name of Wife or Husband *Payton Gay*

Father's Name *John D. Jones* Father's Birthplace *Talbot*

Mother's Maiden Name *Sarah M. Faulkner* Mother's Birthplace *Talbot*

Name of person giving information *Payton Gay* How related to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *one week*

Immediate *Toxaemia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. J. M. Bell*

Address *Easton*

Accident or Suicide?

286

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25 22 2 3/4

Name
In
Full


CERTIFICATE OF DEATH

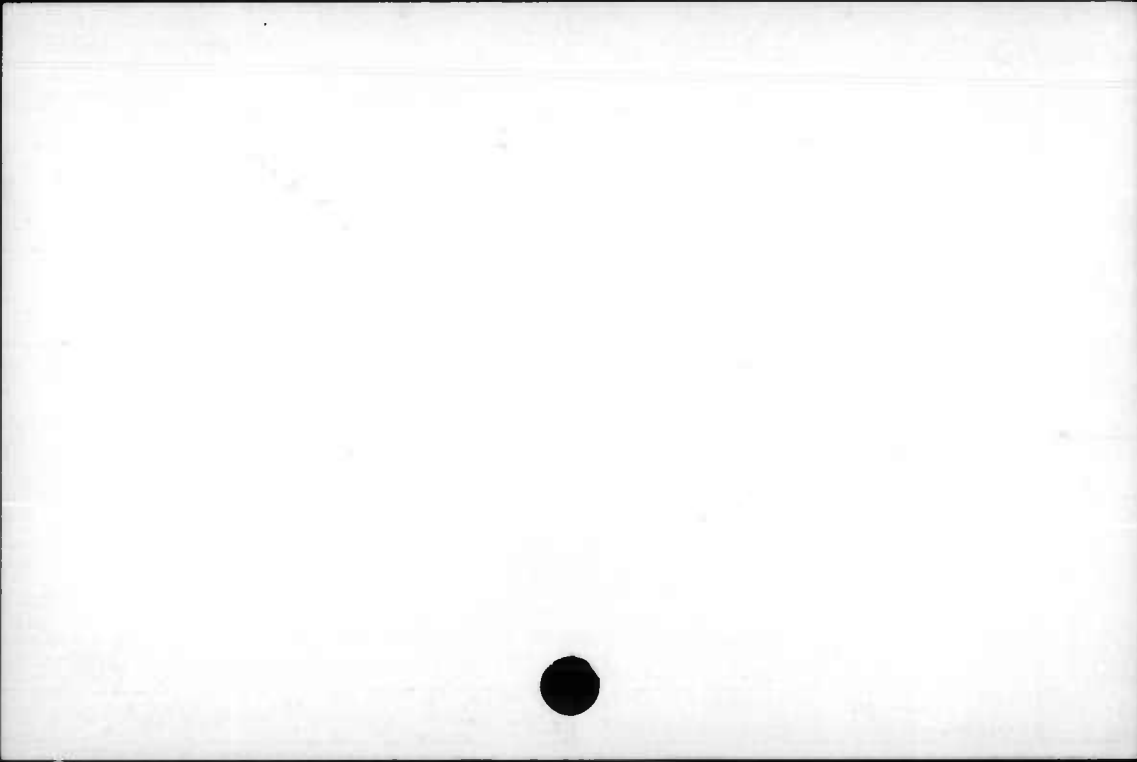
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Mary H Goldsborough</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>3</i>		Age <i>72</i>	
Date of death <i>1907</i>		Years		Months <i>9</i>		Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Talbot County</i>			
Occupation <i>Lady</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Nicholas Goldsborough</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Elizabeth J. Felghman</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving in formation <i>M. J. G. Earle</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>organic Heart disease (Mitral Regurgitation)</i>	How long <i>2 yrs</i>
Immediate <i>Heart failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>y es</i>	Signature of Physician <i>Chas. J. Davidson</i>
	Address 
Accident or Suicide? <i>✓</i>	



Name
in
Full

Ernoline Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 1907 Mar Month 24 Day Age 5 Years Months

Sex Female Color or Race Black Birth-place Easton

Occupation — Where Residing if not at place of death Easton

Married, Single or Widowed Single Name of Wife or Husband John Green

Father's Name John Green Father's Birthplace Caroline Co.

Mother's Maiden Name Sarah Spruill Mother's Birthplace Easton

Name of person giving information John Green How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Not known How long 8 or 10 hours

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician No Physician

Address John B. Thirlbank, D.O.

But Register Easton Md.

Accident or Suicide?



Name
in
Full

Wm. named Haddaway "Ivoin"

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Tllytman Town

Sulcast Co County

Date of death 1907

Month

Feb

Day

27

Age Years

Months

Days

2

Sex Female

Color or
Race

White

Birth-
place

Tllytman Md

Occupation

Where Residing if not
at place of death

u

g

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Ward Haddaway

Father's
Birthplace

Tllytman

Mother's
Maiden Name

Margaret Frances Haddaway

Mother's
Birthplace

y y

Name of person giving
In formation

l l l l

How related
to deceased

mother

CAUSES OF DEATH

Primary

151

How long

Immediate

Osthenia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. H. Nelson

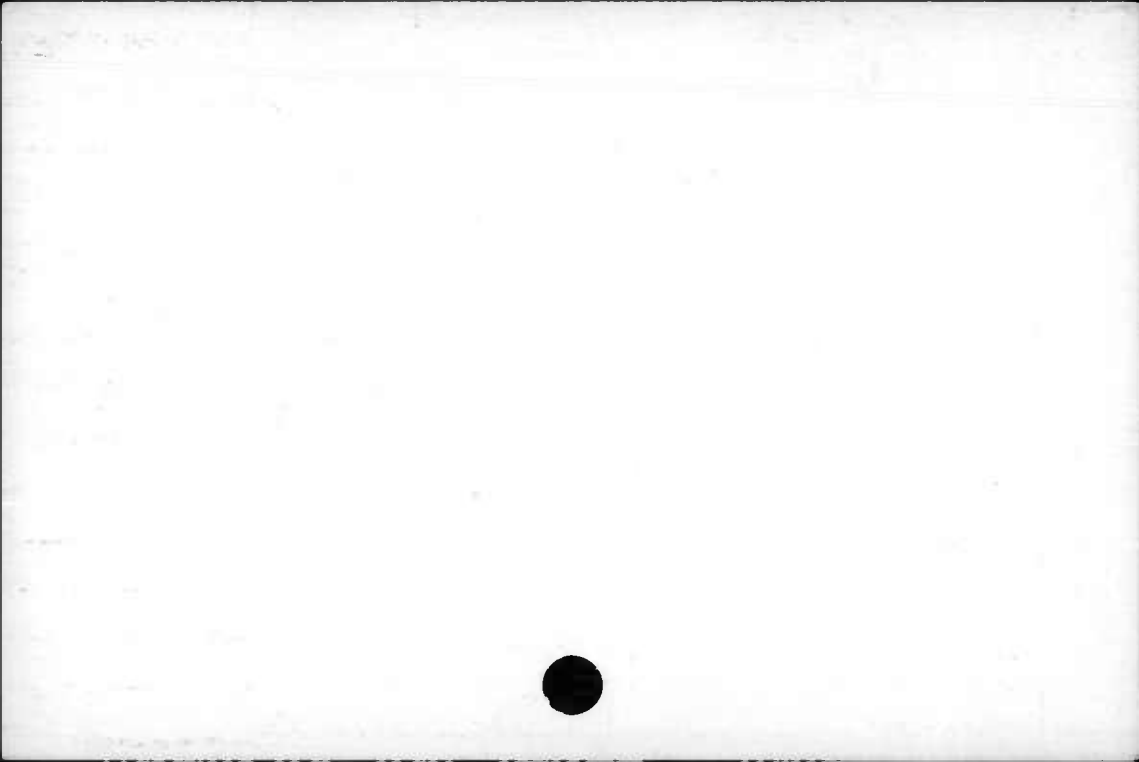
Address

Tllytman

2nd

Accident or Suicide?

no



Name

in

Full

CERTIFICATE OF DEATH

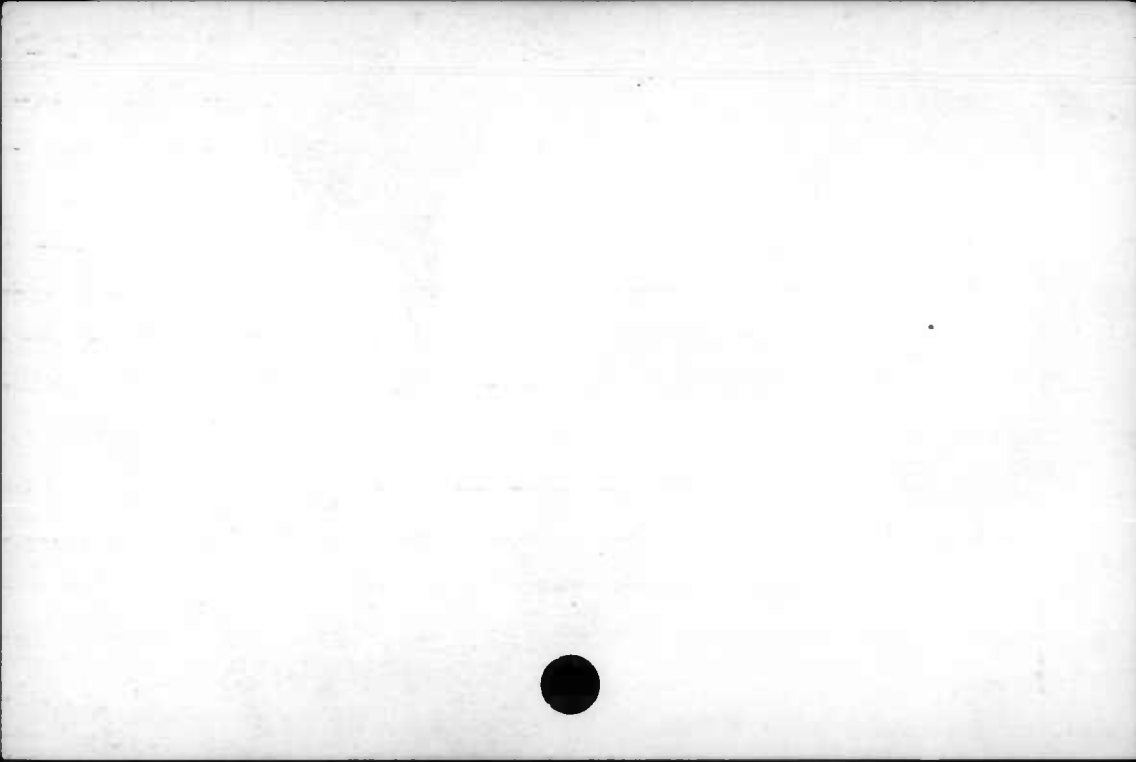
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gilghman</i> ^{Town}		<i>Tulbath</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Gilghman Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Ward Haddaway</i>			Father's Birthplace <i>Gilghman Ind</i>		
Mother's Maiden Name <i>Margaret Frances Haddaway</i>			Mother's Birthplace <i>Gilghman Ind</i>		
Name of person giving information <i>"</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Assthemia</i>	How long	<i>(151)</i>
Immediate	<i>Assthemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. K. Wilson</i>
		Address	<i>Gilghman Ind</i>
Accident or Suicide?	<i>—</i>		



Name

in
all

CERTIFICATE OF DEATH

MARYLAND

Died at

Maritt

Town

Talbot

County

Date

of death 1907 March 1

Month

Day

Age 73

Years

Months

Days

Sex

Female

Color or
Race

white

Birth
place

Talbot

Occupation

Where Residing if not
at place of death

Maritt

Married, Single
or Widowed

married

Name of Wife or
Husband

Wm T. Harrison

Father's
Name

Jno Bridges

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Sarah Varney

Mother's
Birthplace

Talbot Co

Name of person giving
In formation

Wm T. Harrison

How related
to deceased

husband

CAUSES OF DEATH

Primary

104

How long

Immediate

Acute Gastralgia

How long

15 Minutes

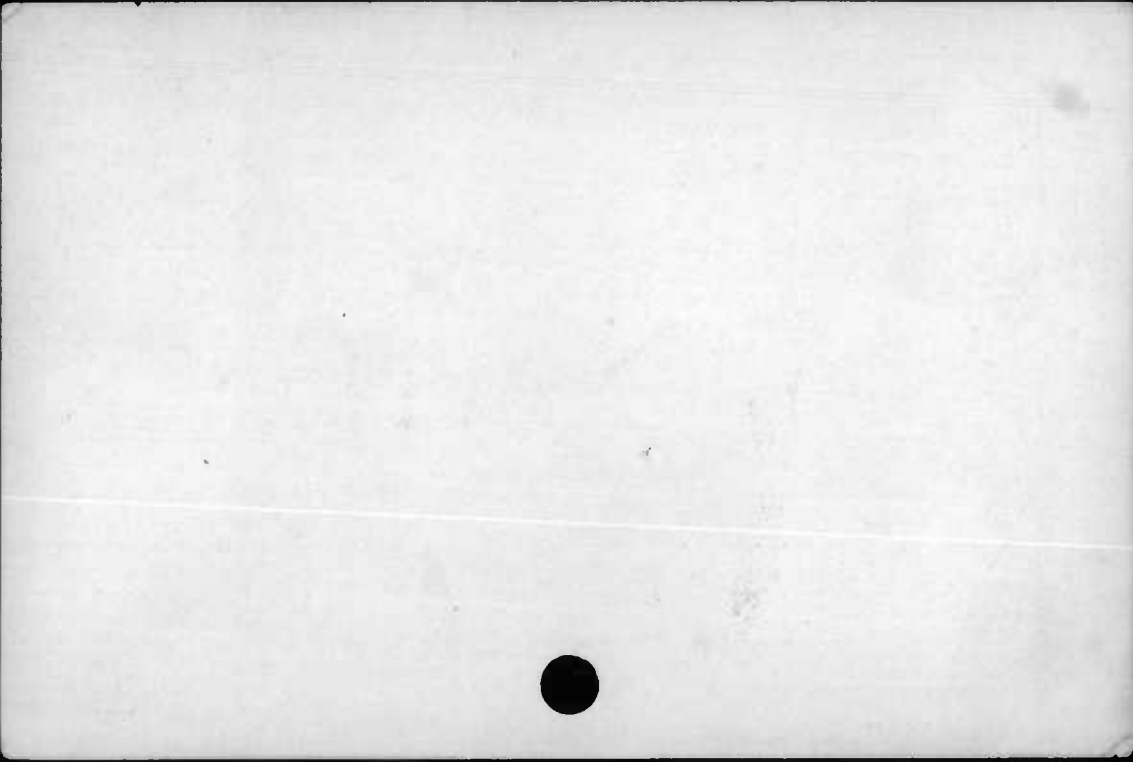
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R A Dodson
St. Michael's Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elmhurst* Town *Elbert* County *Co.*

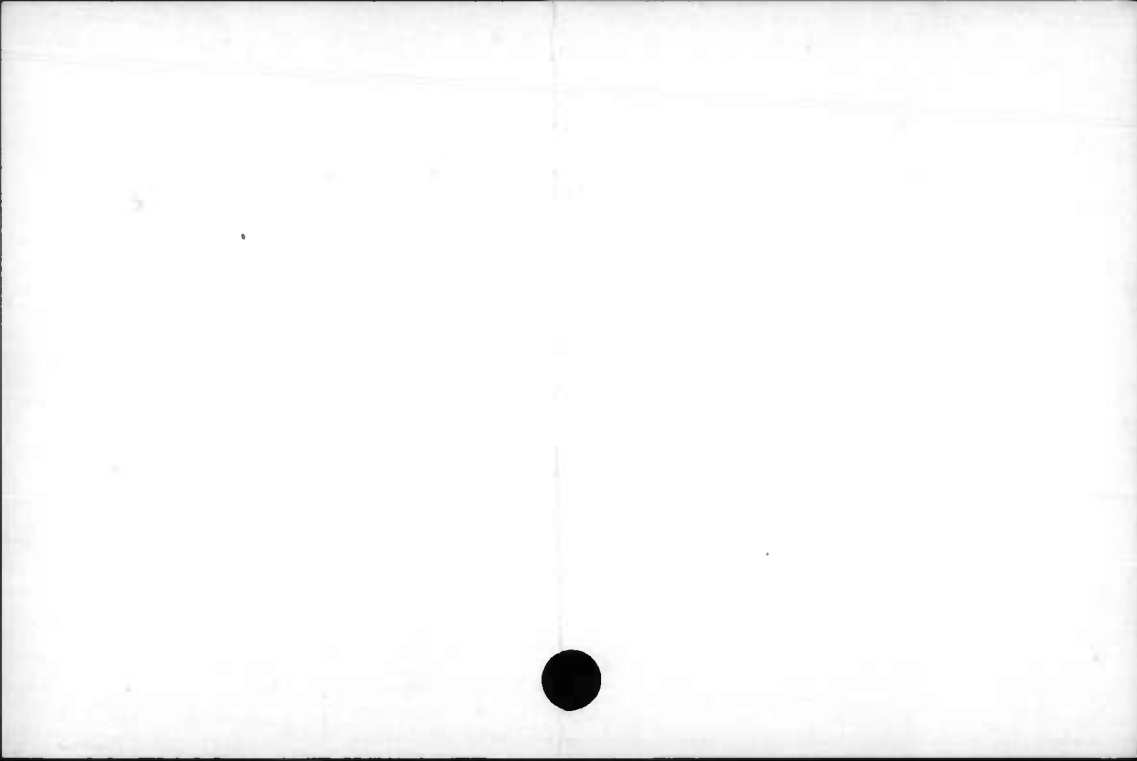
Date of death 1907 Month 3 Day 10 Age 74 Years Months 7 Days -

Sex *Female* Color or Race *White* Birth-place *Ind.*Occupation *None (Invalid)* Where Residing if not at place of death -Married, Single or Widowed *Married* Name of Wife or Husband *Chas. Mayford Junr.*Father's Name *Phyllis Morgan* Father's Birthplace *Ind.*Mother's Maiden Name *Hanney & Hawley* Mother's Birthplace *Caroline Co. Md.*Name of person giving information *B. C. Barton* How related to deceased *Son-in-law.*

CAUSES OF DEATH

27

Primary *Chronic Pulmonary Tuberculosis* How long *2 yrs.*Immediate *Asthma* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *A. H. B. B. B. B. B.*Address *Hillston*Accident or Suicide? *No*



Name
in
Full

William Grason Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

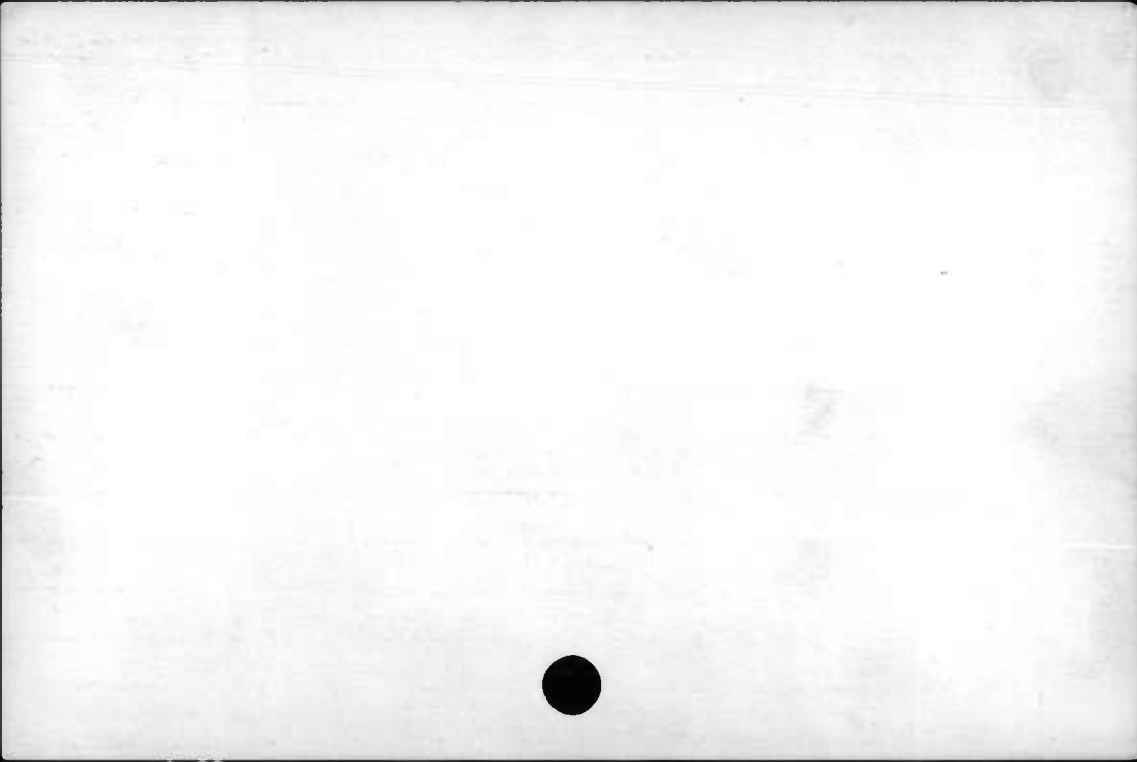
Died at <i>Filthman</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 1907	Month <i>Feb</i>	Day <i>6</i>	Age <i>66</i>	Months <i>4</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Talbot Co. Md</i>			
Occupation <i>Salvor</i>	Where Residing if not at place of death <i>Filthman Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Catherine Mason</i>				
Father's Name <i>John Mason</i>	Father's Birthplace <i>Grofton va</i>				
Mother's Maiden Name <i>Susan North</i>	Mother's Birthplace <i>Grofton va</i>				
Name of person giving information <i>Sarah Catherine Mason</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Hemic - Plegia</i>	How long <i>14 yrs</i>
Immediate <i>Nothemia -</i>	How long <i>2nd attack 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. Kennedy Wilson</i>
	Address <i>Filthman Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

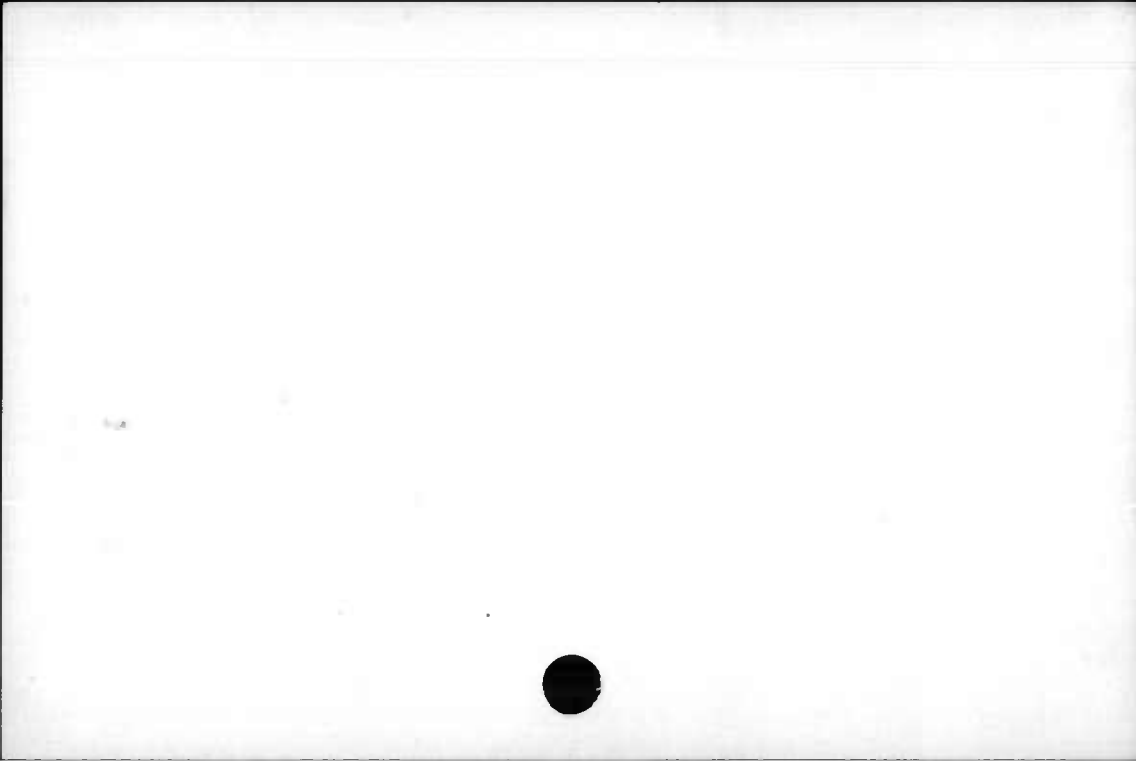
MARYLAND

Died at <u>Easton</u> Town		<u>Talbot</u> County			
Date of death	1907	Month	March	Day	24
Age	0	Years	0	Months	0
Sex	Female	Color of Race	Black	Birth-place	Easton
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Horace Miller</u>		Father's Birthplace	
Mother's Maiden Name		<u>Metta Hardy</u>		Mother's Birthplace	
Name of person giving information				How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	
Immediate	<u>Still Born</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>P. L. G. ...</u>	
		Address	
		<u>Easton, Md.</u>	
Accident or Suicide?			



Name
in
Full

Elizabeth Miller

CERTIFICATE OF DEATH

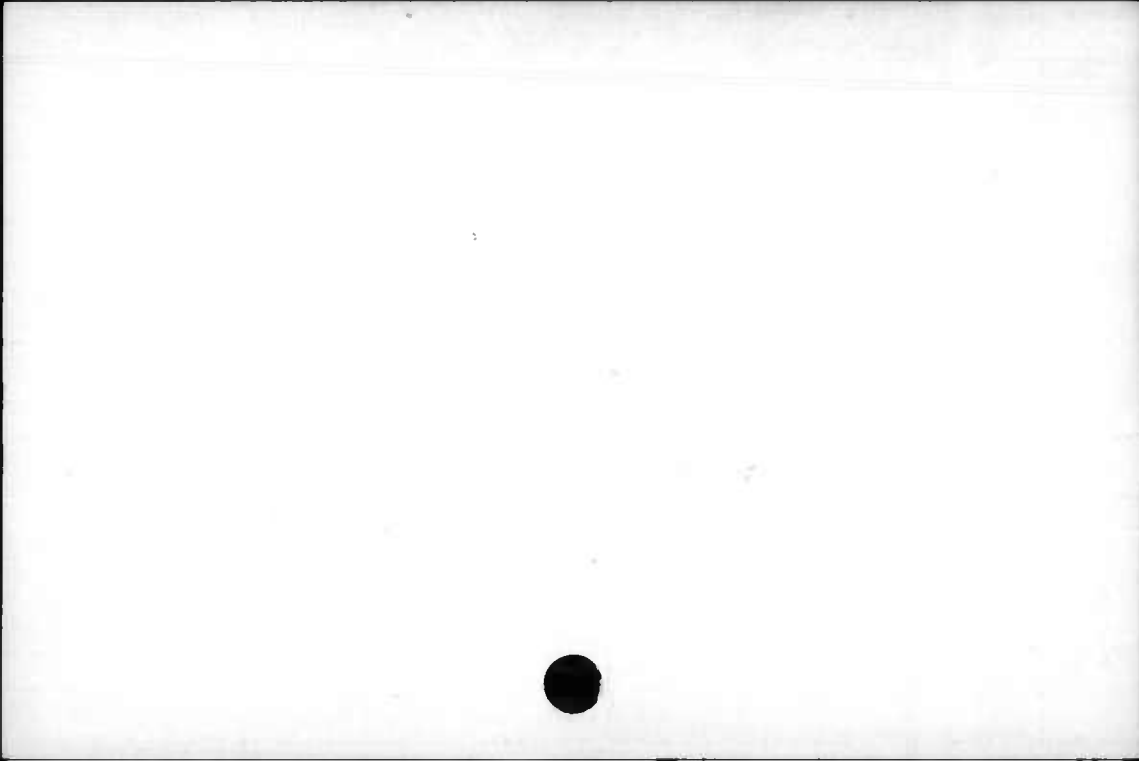
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>24th</i>
Age		<i>0</i>	Years	Months	<i>0</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Easton</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>	Name of Wife or Husband		
		<i>Grace Miller</i>			
Father's Name			<i>Grace Miller</i>		
Father's Birthplace			<i>Easton</i>		
Mother's Maiden Name			<i>Wittie Handy</i>		
Mother's Birthplace			<i>Easton</i>		
Name of person giving information			<i>Grace Miller</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>8</i>
Immediate	<i>Still Born</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>P. L. Parney</i>	
Address		<i>Easton, Md</i>	
Accident or Suicide?			



Name
in
Full

Harry A. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>offence</u> Town		County <u>Talbot</u>		MARYLAND	
Date of death	1907	Month <u>March</u>	Day <u>20</u>	Age <u>5-2</u>	Years <u>5</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>African</u>		Birth-place <u>offence</u>		
Occupation <u>ryehuman</u>	Where Residing if not at place of death <u>offence</u>		<u>Miss</u>		
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Elizabeth Mills</u>				
Father's Name <u>Nero Mills</u>	Father's Birthplace <u>Talbot Co</u>				
Mother's Maiden Name <u>Zeak Mills</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Harry Mills</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>L.A. Guppe</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. C. de M. M. M.</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>—</u>	<u>✓</u>

PHYSICIAN
OR CORONER



Name
in
Full

Caroline S. Neilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>21</i>	Age <i>94</i> Years	Months <i>—</i> Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Royal Oak</i>		
Occupation <i>Lady</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thos N. Neilson</i>				
Father's Name <i>Wm. John Dawson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Darden</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Ellen N. Gailford</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>lobar pneumonia</i>	(93)	How long <i>8 days</i>
Immediate <i>Heart failure</i>		How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y/ks</i>	Signature of Physician <i>Chas. F. Sarrban</i>	Address <i>Easton Md.</i>
Accident or Suicide?		



Name
in
Full

Lillian Ann Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

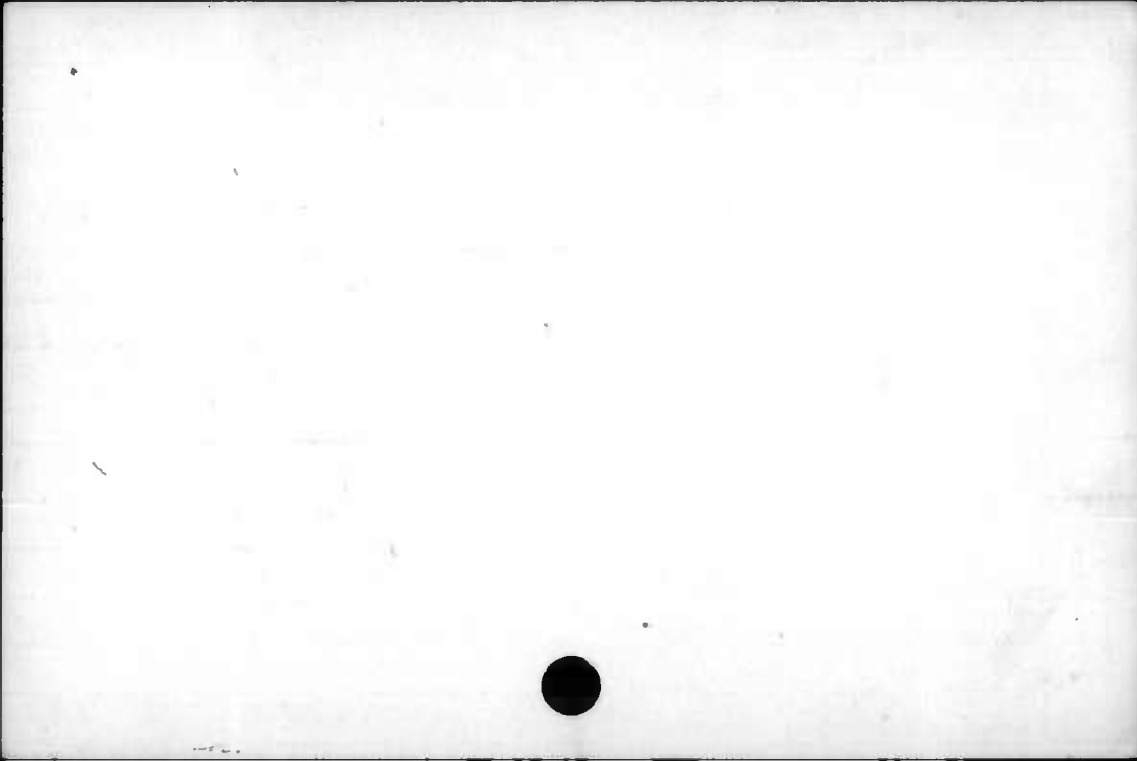
Died at <i>Offord Talbot</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month	March	Day	6	Age	82
Sex	Female	Color or Race	White	Birth place	Royal Oak Md	Months	0
Occupation	None	Where Residing if not at place of death	Offord Md				
Married, Single or Widowed	Single	Name of Wife or Husband	Thomas Parsons				
Father's Name	Perry Benson	Father's Birthplace	Unknown				
Mother's Maiden Name	Ediger Kemp	Mother's Birthplace	Unknown				
Name of person giving Information	Edna J. Parsons	How related to deceased	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La-Grippe & Senile debility</i>	How long	<i>1 week</i>
Immediate	<i>Physical Exhaustion</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>F. M. Eccles M.D.</i>	
Address		<i>Offord Talbot Co Md</i>	
Accident or Suicide?			

10



Name
in
Full

Francis A. Shivers
Town Chapel County Talbot

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Date of death		Age		Months		Days	
Chapel		1907 3 29		81					
Sex		Color or Race		Birth-place					
Female		White		Talbot Co. Md.					
Occupation		Where Residing if not at place of death							
Housewife		Talbot							
Married, Single or Widowed		Name of Wife or Husband							
Not known to informant		Thos. A. Shivers							
Father's Name		Father's Birthplace							
Not known to informant		England							
Mother's Maiden Name		Mother's Birthplace							
Not known to informant		Not known							
Name of person giving information		How related to deceased							
Thos. A. Shivers		Saw by last illness							

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Retractions Hemorrhage of lungs	How long	14 days	Pneumonia
Immediate	Exhaustion	How long	4 days	Two cases
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		J. L. Jones		
		Address		
		Cordova		
Accident or Suicide?				



Name
in
Full

Mary Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

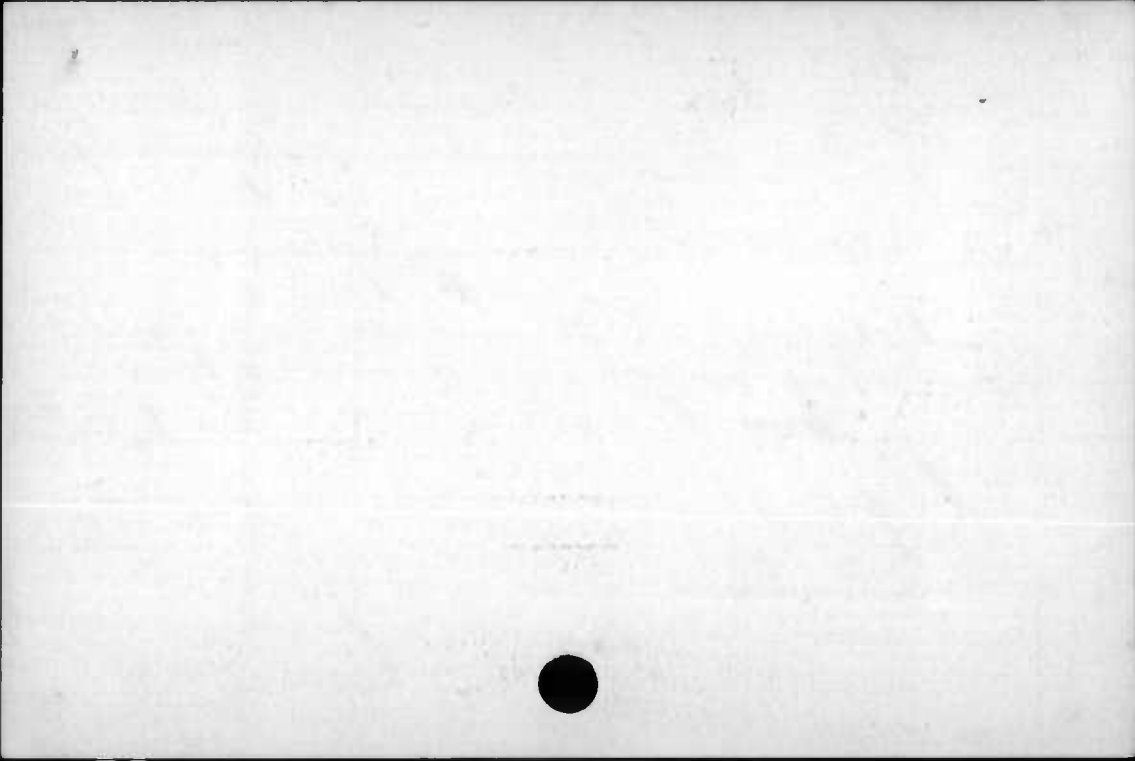
Died at <i>Bloomfield</i> Town		<i>Talbot. Co</i> County		MARYLAND	
Date of death <i>1907 Mar.</i>		Month	Day	Age <i>40</i>	Years
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Lunenburg Co</i>		Months	Days
Occupation <i>House Work</i>		Where Residing if not at place of death <i>Bloomfield</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Winchester</i>				
Father's Name <i>James Winchester</i>	Father's Birthplace <i>do not know</i>				
Mother's Maiden Name <i>Henrietta Miller</i>	Mother's Birthplace <i>do not know</i>				
Name of person giving information <i>John Potter</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>supposed about 8 mos</i>
Immediate <i>Exhaustion</i>	How long <i>few wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. J. Davidson</i>
	Address
Accident or Suicide? <i>✓</i>	



Name
in
Full

CERTIFICATE OF DEATH

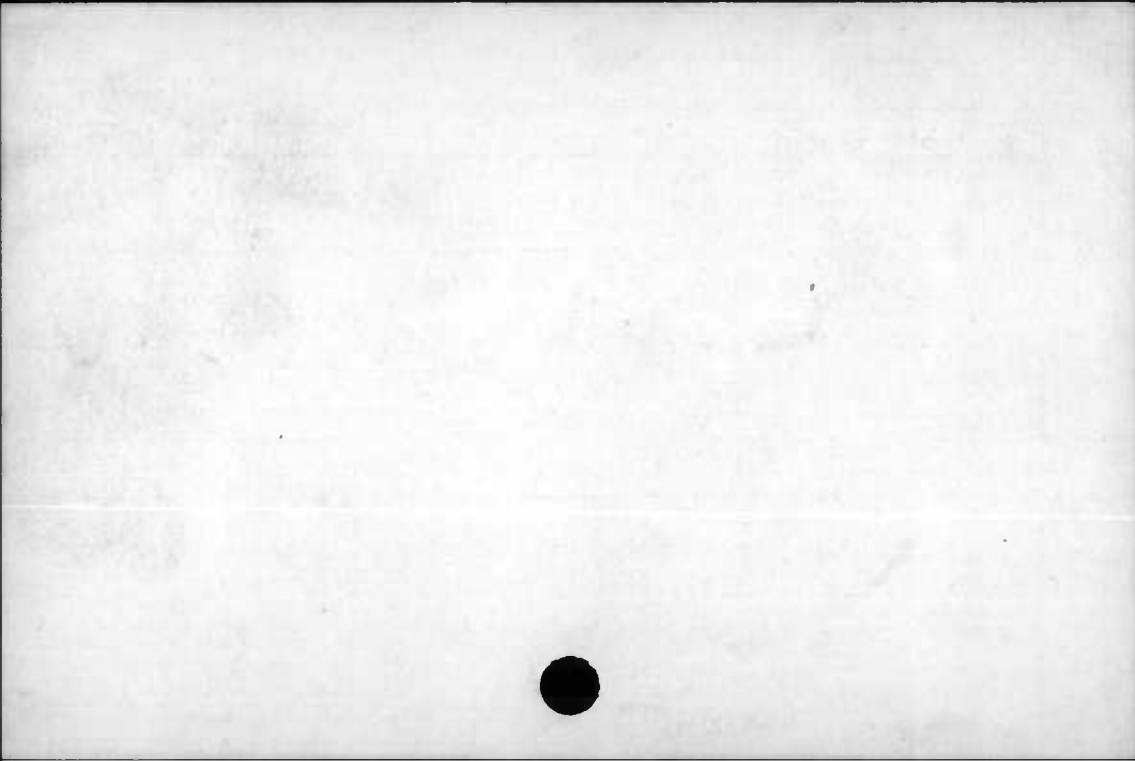
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ellen Roberts</i>		Town <i>Unionville</i>		County <i>Talbot</i>		STATE MARYLAND	
Died at <i>Unionville</i>		Month <i>Mar.</i>		Day <i>26</i>		Age <i>26</i>	
Date of death 1907		Months <i>—</i>		Days <i>—</i>		Birth-place <i>Talbot Co</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Where Residing if not at place of death <i>—</i>			
Occupation <i>Housewife</i>		Name of Wife or Husband <i>Frisby Roberts</i>					
Married, Single or Widowed <i>Married</i>		Father's Name <i>Murray Roberts</i>					
Father's Name <i>Murray Roberts</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Lucy Cornish</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Frisby Roberts</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Obclampsia</i>		How long <i>2 days</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>ys</i>		Signature of Physician <i>A. J. Hayward</i>	
Address <i>Easton Md.</i>		Address <i>—</i>	
Accident or Suicide?		Accident or Suicide?	



Name
in
Full

Peter Roberts

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death

1907

Month

March

Day

26

Age

Years

76

Months

8

Days

15

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary A. Countess Roberts

Father's
Name

Owain Roberts

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Unknown

Name of person giving
information

Peter Roberts

How related
to deceased

an old
neighbor

CAUSES OF DEATH

48

Primary

Chronic Rheumatism - Arthritis

How long

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. H. [Signature]
St. Michaels

Accident or Suicide?

✓

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

State of Maryland, County of Talbot on this 19th day of November 1907, personally appeared before me a Justice of the Peace, within and for the County and State aforesaid, Dr. James H. Hope, and made oath in the due form of Law that the date on the death certificate of Peter Roberts should have been March 26th, 1907 instead of March 19th, 1907, which is on record by Dr. E. R. Trippe, Health Officer at Easton, Talbot County, Maryland.

Sworn to and subscribed before me this 19th day of November, 1907.

Charles E. Willey,

Justice of the Peace.

Test.
James H. Hope
Dr. James H. Hope
Vol 20th of the Register

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

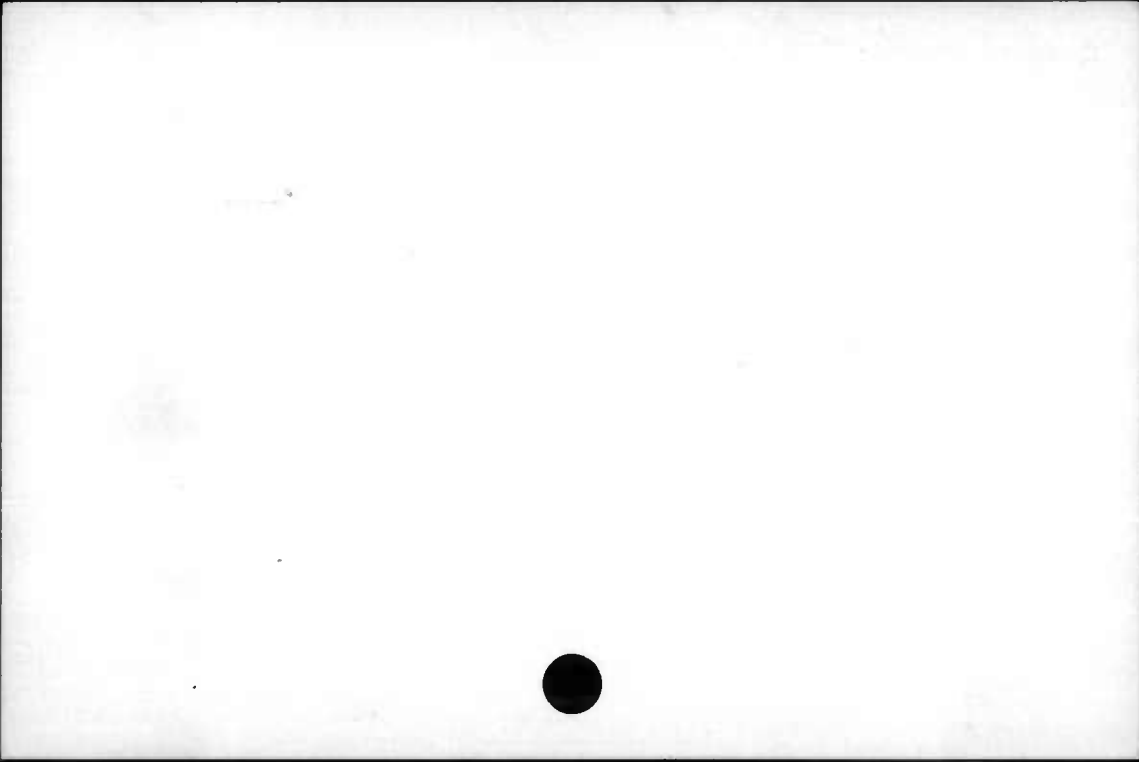
Died at <i>Near Cooston</i> ^{Town}		<i>Salt</i> ^{County}		MARYLAND	
Date of death	190 <i>1</i>	Month <i>3</i>	Day <i>10</i>	Age <i>18</i>	Years <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>A. Bruce Robinson</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Clara H. Capron</i>	Mother's Birthplace				
Name of person giving Information <i>H. Capron Robinson</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. T. T. T.</i>
	Address <i>Cooston, Md.</i>
Accident or Suicide?	



Name
in
Full

Charles W. Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

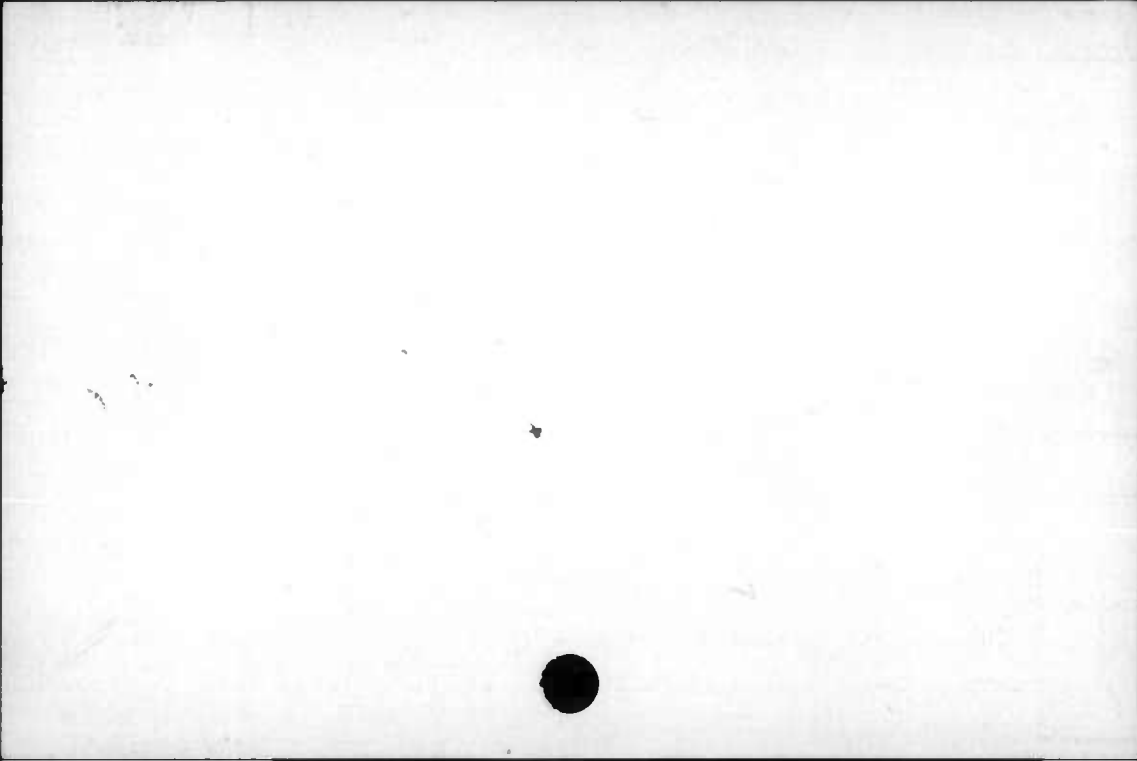
Died at <i>St Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>March</i> ^{Month}	<i>20</i> ^{Day}	<i>57</i> ^{Years}	<i>5</i> ^{Months} <i>10</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Oyster dealer</i>		Birth-place	<i>St Michaels</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Jeremiah Sewell</i>		Father's Birthplace	<i>St Michaels</i>	
Mother's Maiden Name	<i>Harriet M. Porter</i>		Mother's Birthplace	<i>St Michaels</i>	
Name of person giving information	<i>J H Sewell</i>		How related to deceased	<i>brother</i>	

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	
Immediate	<i>Paralysis</i>	How long	<i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above?			
Signature of Physician			
Address	<i>R A Dodson</i>		
Accident or Suicide?			



Name
in
Full

Sarah Frances Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

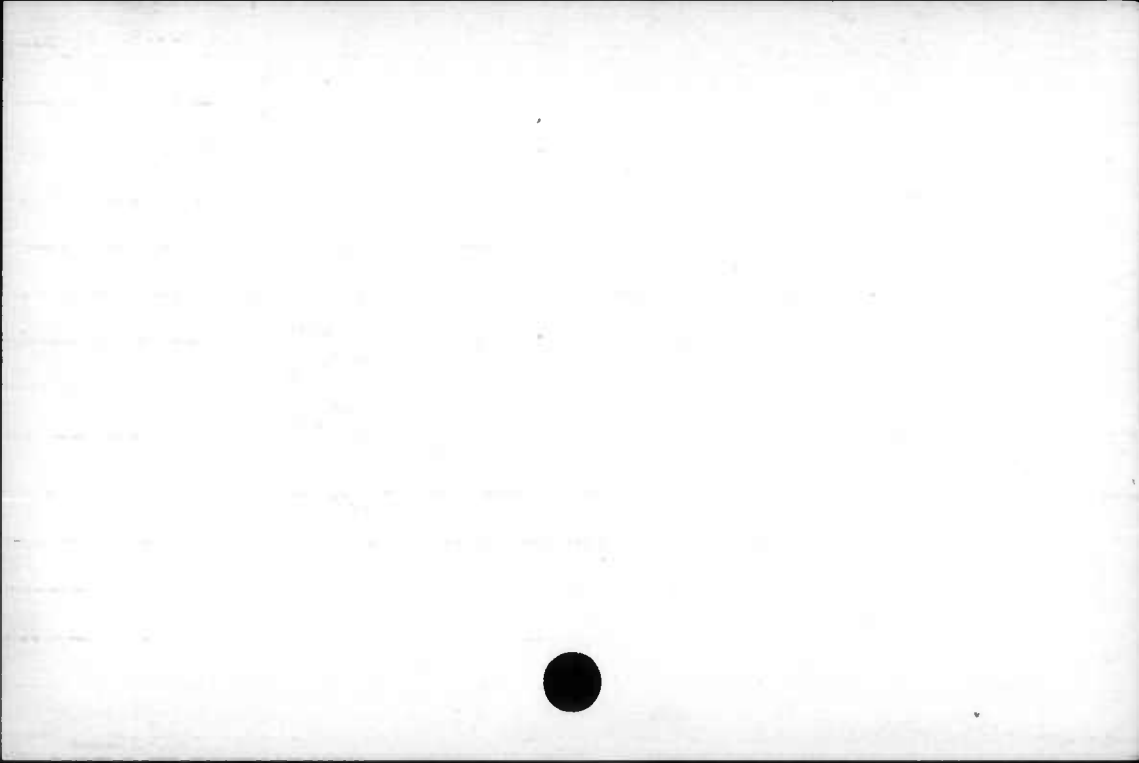
Died at <i>Shenwood</i>		Town <i>Talbot</i>		County	
Date of death <i>1907</i>		Month <i>3rd</i>		Day <i>28th</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co. Md.</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Home</i>		Months <i>11</i>	
Married, Single or Widowed		Name of Wife or Husband <i>John Sewell</i>		Years <i>64</i>	
Father's Name <i>—</i>		Mother's Maiden Name <i>Unknown</i>		Father's Birthplace <i>Talbot Co.</i>	
Name of person giving information <i>Mrs. Minnie Richardson</i>		How related to deceased <i>Daughter</i>		Mother's Birthplace <i>Talbot Co.</i>	

CAUSES OF DEATH

(16)

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>6 days —</i>
Immediate <i>Uremic Poison</i>	How long <i>28 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. W. Chaires</i>
	Address <i>Tilghman, Md.</i>
Accident or Suicide?	



Name
in
Full

Maith A Sothson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1907	Month	March	Day	22	Years	84
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		X	
Married, Single or Widowed		Widow		Name of Wife or Husband		X	
Father's Name		Thoma D Lamer		Father's Birthplace		Annamdale, Va	
Mother's Maiden Name		Maith A Lamer		Mother's Birthplace		Annamdale, Va	
Name of person giving Information		Thoma D Sothson		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	senile debility	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. J. Hayward	
		Address Easton	
Accident or Suicide?		M.D.	



Name
in
Full

Susie M. Thomas

CERTIFICATE OF DEATH

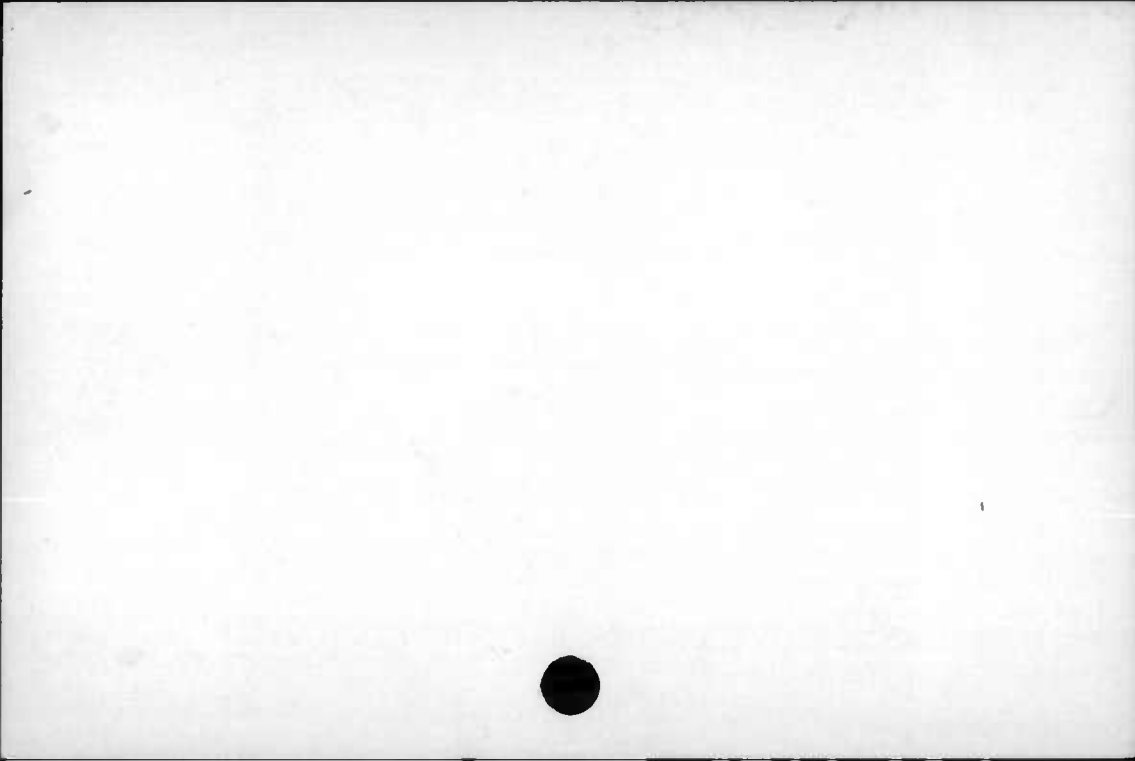
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M^c Daniel</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>3</i>	Day <i>4</i>	Age <i>9</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>School Child</i>			Where Residing if not at place of death <i>M^c Daniel, Md.</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>John Thomas</i>			Father's Birthplace <i>Talbot Co.</i>		
Mother's Maiden Name <i>Georgianna Palmer</i>			Mother's Birthplace <i>Talbot Co.</i>		
Name of person giving information <i>Georgianna Thomas</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(166)</i>	How long
Immediate	<i>Killed by Car.</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph E. Skinner, Coroner</i>
<i>Yes</i>		Address <i>M^c Daniel</i>
Accident or Suicide? <i>Accident</i>		<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John R Treganowan*

Died at *Easton* Town *Talbot* County

Date of death *1907* *May* *20* Age *49* Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *Chapel Church*

Occupation *Picture Frames* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Fisher*

Father's Name *William Henry Treganowan* Father's Birthplace *England*

Mother's Maiden Name *Faith Ward* Mother's Birthplace *"*

Name of person giving information *Mary E. Treganowan* How related to deceased *wife*

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary *Acute Peritonitis with Pneumonia* How long *3 days*

Immediate *Exhaustion* How long *few hrs*

Are the name, age, sex, color, date and place correctly given above? *y4s*

Signature of Physician *Chas. J. Davidson*

Address *Easton, Md.*

Accident or Suicide? *—*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Susan Ann Troy

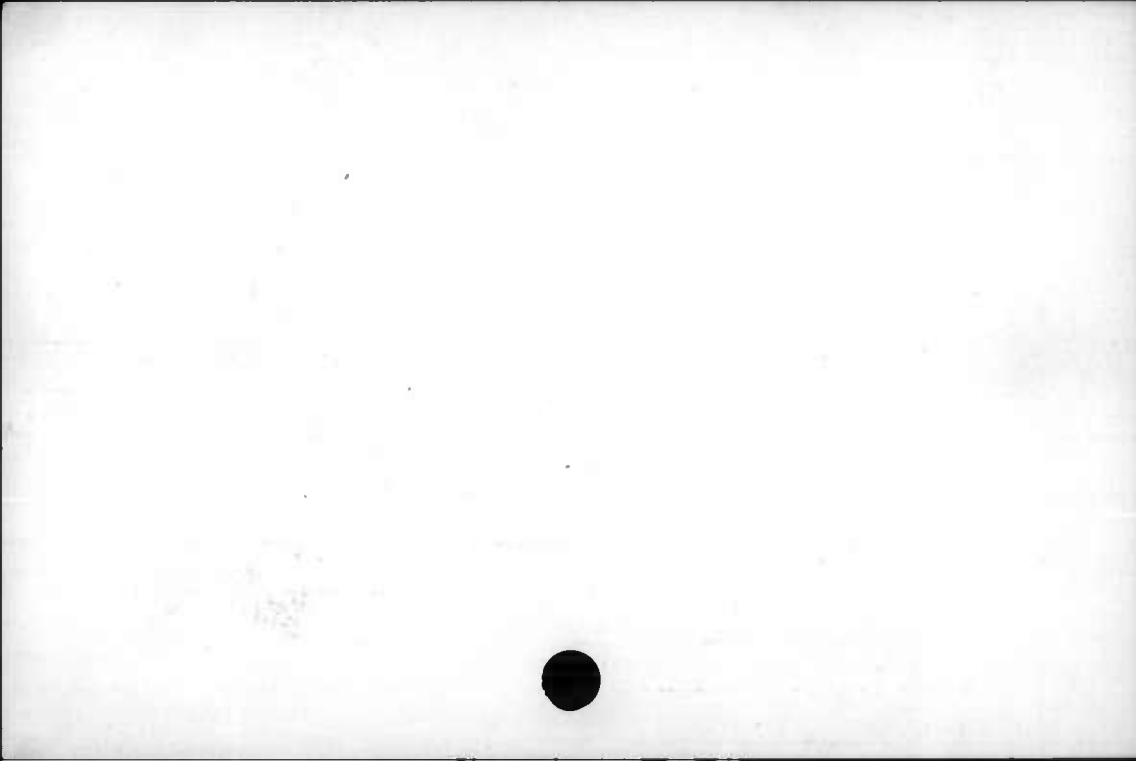
CERTIFICATE OF DEATH

MARYLAND

Died at		Town Easton		County Talbot			
Date of death		Month March		Day 15		Age 87	
Sex Female		Color or Race White		Birth- place Talbot Co		Months 3	
Occupation None		Where Residing if not at place of death		X		Days 10	
Married, Single or Widowed Widowed		Name of Wife or Husband Henri Troy		Father's Birthplace Md		Mother's Birthplace Unknown	
Father's Name James Wharton		Mother's Maiden Name Rebecca		Name of person giving In formation Mrs Chaffin		How related to deceased friend	

CAUSES OF DEATH

Primary	old age	How long	154
Immediate	Constriction of lungs	How long	a few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. R. Triple	
		Address Easton	
Accident or Suicide?		Md	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Oxford</i>				<i>Talbot</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>March</i>	Day <i>7</i>	Age <i>0</i>	Years <i>0</i>	Months <i>2</i>	Days <i>0</i>		
		Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place					
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband <i>X</i>							
		Father's Name <i>Joseph Ward</i>				Father's Birthplace <i>Somerset Co</i>					
		Mother's Maiden Name <i>Mary Ward</i>				Mother's Birthplace <i>Somerset Co</i>					
		Name of person giving information				How related to deceased					
CAUSES OF DEATH						(91)					
PHYSICIAN OR CORONER		Primary <i>Bronchitis</i>						How long <i>10 days</i>			
		Immediate <i>Exhaustion</i>				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>F. M. Eccles</i>					
						Address <i>Oxford Md</i>					
		Accident or Suicide?									

